

CLAIMS ONLY							Application Number <i>101728685</i>	Filing Date		
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	/						51			
2		/					52			
3			/				53			
4			/	-			54			
5			/	-			55			
6			/	-			56			
7			/	-			57			
8			/	-			58			
9			/	-			59			
10	/						60			
11		/					61			
12		/	-				62			
13			/	-			63			
14			/	-			64			
15			/	-			65			
16			/	-			66			
17			/	-			67			
18			/	-			68			
19			/	-			69			
20			/	-			70			
21	/						71			
22		/	-				72			
23		/	-				73			
24		/	-				74			
25	/						75			
26		/	-				76			
27		/	-				77			
28			/	-			78			
29			/	-			79			
30			/	-			80			
31			/	-			81			
32			/	-			82			
33			/	-			83			
34			/	-			84			
35			/	-			85			
36			/	-			86			
37			/	-			87			
38			/	-			88			
39			/	-			89			
40			/	-			90			
41			/	-			91			
42			/	-			92			
43			/	-			93			
44			/	-			94			
45			/	-			95			
46			/	-			96			
47			/	-			97			
48			/	-			98			
49			/	-			99			
50			/	-			100			
Total Indep	<i>4</i>						Total Indep			
Total Depend	<i>18</i>						Total Depend			
Total Claims	<i>22</i>						Total Claims			